

FILING DATE SERIAL NO. 492 APPLICANT(S) MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 101 | 51 j02 | 52 103 1 53 104 1 54 105 1 55 106 1 56 107 1 57 108 [58 100 159 160 111 1 61 112 (62 [63 14 64 115 1 65 116 66 1 17 67 1 18 68 1 19 l 69 1 20 l 70 121 171 1 22 172 1 23 [73 124 174 **j** 25 175 126 76 127 1 77 28 178 129 179 130 80 131 81 132 82 1 83 133 134 84 135 85 136 Į 86 137 (87 | 38 188 | 39 89 140 (90 1 91 (42 (92 43 193 144 194 195 145 46 96 147 197 1 98 £48 [49 199 300 150 TOTAL TOTAL TOTAL DEP. 36 TOTAL DEP. TOTAL 38 TOTAL CLAIMS